Zbigniew Sztandera
Full name(s)

1311 W. 75th Court # G
Street address or postal box number

Indianapolis IN 46260
City, State and zip code

(317) 222-6062
Phone Number

FILED
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INDIANAPOLIS, INDIANA

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA

Civil Action No. 1:14-cv-0889 WTL -TAB
(To be supplied by the Court)

Zbigniew Sztandera

______________________ Plaintiff(s)
Full name(s) (Do not use *et al.*)

v. AAR Aircraft Services

____

______________________ Defendant(s).
Full name(s) (Do not use *et al.*)

CIVIL RIGHTS COMPLAINT

A. PARTIES

1. I, Zbigniew Sztandera (Plaintiff name(s)), am a citizen of USA - Indiana (State)

and presently reside at 1311 W. 75th Court #G, Indianapolis IN 46260 (mailing address)

2. Defendant AAR Aircraf Services is a citizen of Indiana - USA
(name of first defendant) (State)

whose address is 2825 Perimiter Rd, Indianapolis IN46241.

3. Defendant ______________________ is a citizen of ______________
(name of second defendant) (State)

whose address is ______________________________.

(If more space is needed to furnish the above information for additional defendants, continue on a blank sheet which you should label "A. PARTIES." Be sure to include each defendant's complete address and title.)

B. JURISDICTION

1. This cause of action is brought pursuant to ______________________

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2. ________ Jurisdiction also invoked pursuant to 28 U.S.C. § 1331. (If you wish to assert jurisdiction under different or additional statutes, you may list them below.)

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C. NATURE OF THE CASE

BRIEFLY state the background of your case.

I believe I have been discriminated against in violation of the Americans With Disabilities Act, as amended.
"Wrongfully terminated"

May 28,2014

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA

" D. CAUSE OF ACTION"

Claim 1: I was hired to AAR Aircraft Service Indianapolis IN in December 2010 and wrongfully terminated because of a disability I received an on-the-job injury and known medical conditions in October 19, 2012.

Supporting Facts: According to my claim I received on-the-job injury on March 9, 2012 for which employer accommodated me with light duty. On October 15, 2012 the
Doctor John McLimore from OrthoIndy Indianapolis IN, discharge me from his care with permanent restrictions. Then employer Called me (Carmen Meyer) and told
" If I don't bring from Doctor a full release without restrictions then employer fire me." My employer (HR Supervisor, Heather Van Gorp) knowing that I had undergone surgery
and had a record permanent restrictions due to the on-the-job injury, terminated me on October 19, 2012 and deny all medical benefits.
I believe I have been discriminated against in violation of the Americans With Disabilities Act, as amended.

Zbigniew Sztandera
1311 W. 75th Court # G
Indianapolis IN 46260
zbigniewsztandera@yahoo.com
Phone: (317)222-6062

Zbigniew Sztandera

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D. CAUSE OF ACTION

I allege that the following of my constitutional rights, privileges, or immunities have been violated and that the following facts form the basis of my allegations: (If more space is needed to explain any allegation or to list additional supporting facts, continue on a blank sheet which you should label "D. CAUSE OF ACTION.")

Claim I: ______________________________

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Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

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Claim II: ______________________________

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Supporting Facts:

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Claim III: ____
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Supporting Facts:

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E. PREVIOUS LAWSUITS

Have you been or are you now a party to any other lawsuit(s) in state or federal court dealing with the same facts involved in this action? ____Yes _✓_No.

If your answer is "Yes," describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits using this same format on a blank sheet which you should label "E. PREVIOUS LAWSUITS.")

a. Parties to previous lawsuit:

Plaintiff(s):____

Defendant(s):____

b. Name and location of court and docket number ________________________

c. Disposition of lawsuit. (For example, was the case dismissed? Was it appealed? Is it still pending?)

____

d. Issues raised: ____

e. Approximate date of filing lawsuit:____________________

f. Approximate date of disposition: ____________________

F. REQUEST FOR RELIEF

I request the following relief:

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__________________________ __________________________

Original signature of attorney (if any) **Plaintiff's Original Signature**

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is **true and correct.**

Executed at ______________________ on ______________________.
(location) (date)

____
Plaintiff's Original Signature

I request the Court's assistance in serving process on the defendant(s). ________Yes __________ No

Plaintiff demands a trial by jury. __________ Yes ___________No